

Project Application

Land Use Department

P.O. Box 660; 333 Calef Hwy, Barrington, NH 03825 ♦ Phone: 603-664-5798 ♦ Fax: 603-664-0188

Case Number: _____ Project Name: _____ Date: _____

Staff Signature required PRIOR to submittal

PRELIMINARY APPLICATION: Preliminary Conceptual Review _____ Design Review _____ Development of Regional Impact _____

FORMAL APPLICATION:

Subdivision Type: Major _____ Minor _____ Conventional _____ Conservation _____

Site Plan Review: Major _____ Minor _____

Conditional Use Permit _____ Sign Permit _____ Boundary Line Adjustment _____ Special Permit _____

Change of Use _____ Extension for Site Plan or Subdivision Completion _____

Amendment to Subdivision/Site Plan Approval _____ Other _____

Project Name: _____ Area (Acres or S.F.) _____

Project Address: _____

Current Zoning District(s): _____ Map(s) _____ Lot(s) _____

Request: _____

The property owner shall designate an agent for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required.

All contacts for this project will be made through the *Applicant* listed below.

Owner:

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Applicant (Contact): _____

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Developer: _____

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Architect: _____

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Engineer: _____

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Owner Signature

Applicant Signature

Staff Signature

Date